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ORIGINAL ARTICLES.

Transplantation in Minor Degrees of Entropion.

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TECHNIQUE OF THE OPERATION.

The hands and instruments of the operator and assistants are aseptic.

The integument of the lids, face, brow and forehead on the same side with the eye to be operated on are washed with soap and warm water. Again washed with a warm saturated solution of boracic acid or 1 to 1000 of bichloride. The lids of the eye are separated, and the eye douched with a few tablespoonfuls of the boracic acid solution. The lids are then everted, and their mucous membrane douched thoroughly as the eye. The skin from which the graft is taken, preferably from behind the ear, or from the trochanteric region or forearm, is cleansed in the same manner as the lids of the eye to be operated on; and a piece of absorbent cotton, wet with the warm boracic acid solution, is kept on the surface until the surgeon desires to remove the piece.

The lid to be operated on is again everted and douched with a few dropperfulls of the warm acid solution. The horn spatula is placed beneath the lids to support it, and held by an assistant, and the incision made.

The incision is made corresponding to the inverted cilia, extending from a point two to four mm. beyond either side, (two mm. in depth,) being careful to keep well on the inner border of all the cilia — it should reach down well — separating the mucous membrane from the cartilage.

The lid is let return to its normal position, placing over it a compress of absorbent cotton, which has been wrung out of a hot saturated solution of boracic acid, or water previously boiled and held *in situ* by an assistant until the graft is ready to be inserted.

The graft is from one-third to one-half longer than the prepared incision, and from one to two mm. in width. It requires two incisions to block it out. The incisions begin and terminate at the same point, including an eliptical-shaped piece of skin, the graft, of the required length and breadth. A small, sharp-pointed scalpel is the preferable knife for this operation.

An assistant sponges with absorbent cotton, squeezed dry as possible out of the acid solution or boiled water cooled, and the surgeon, with a pair of fixation forceps, catches hold of the point of the graft, and with a pair of small, blunt-pointed scissors, curved on the flat, frees it from its moorings by five or six snips.

The assistant everts the lid, sponges the clot out of the opening, and the graft is placed in position, cut surface to cut surface, and pressed in gently until it is even with the surface margin of the lid, and the ends tucked in smoothly. The lid is let return to its normal position, and, when closed, the margin of the lower lid is seen to coaptate, holding the graft in position. Two or three sutures are required to close the wound from which the graft has been taken, and over this a collodion and cotton dressing is placed, and it heals by first intention.

A compress of absorbent or borated cotton is wrung dry out of hot water, or acid solution applied to the eye, and over this three or four layers of absorbent or borated cotton dry, and a bandage firmly applied over all,

and the patient directed to return in forty-eight hours, at which time the bandage is removed. By this time the graft is usually attached. A lighter compress is applied, and the same precautions of cleanliness having been observed, and within the next forty-eight hours the bandage can be removed permanently.

Although having three entropium forceps, in this operation I use none.

1. Because the pressure on the tissues causes œdema of the lid, which is unfavorable to primary union.

2. The hemorrhage comes on after the graft is in and when the forceps are removed, which has a tendency to wash it out and also to form a clot and separate the cut surfaces.

3. It is difficult, sometimes impossible, to get the lid in position with them to operate.

Without this pressure and by the spatula the hemorrhage is free, but soon over; the parts are depleted, and by the time the graft is ready to be placed, a warm clot has formed it its bed; the graft fitted in and there is comparatively no more hemorrhage.

The tissues of the surrounding part are not bruised, there is no œdema, and nature is ready to go to work immediately.

A warm, slightly alkaline solution in a clear dish should be in readiness to hold the graft in case it could not be placed *in situ* right away. For should it be too large, it must be pared down and it must be free of fat, and during this time it is to be held in the solution. It is best to place it immediately, when free, in position, if it will fit.

Time is an important element in this operation. Should the graft turn a dirty ashen-gray color while manipulating it in the water, it is probably dead, and should be thrown away.

The small, blunt-pointed scissors, curved on the flat, is an important factor in removing the graft. When pressed down firmly, there is but little danger of mutilating the graft.

The underlying tissue is softer than the derma, and they invariably cut below in the softer-yielding tissues.

It is better to have the graft too large than too small. Should it grow, it can be pared off weeks afterward without pain to the patient, as it remains insensitive for a long time.

Should the pressure of the lid continue to irritate the eye, a canthotomy will relieve it. If a few cilia grow through the graft, the cautery needle will destroy them.

An oily substance should not be smeared on the brow and lid. It gets between the lids and in the wound, and defers union.

Both eyes should be bandaged for the first forty-eight hours if the patients cannot prevent synchronous movement of the lids.

The graft should not be placed in the alkaline solution unless absolutely necessary.

If considerable time has been consumed in the operation, or in aged or poorly-nourished patients, compresses wrung out of hot water or boracic acid solutions, and applied to the eye for five or ten minutes, changing them several times during the time before bandaging, insures the vitality of the graft.

The part from which the graft is to be taken should be examined by a three-inch glass, and the surface having the fewest small hairs or down selected.

The above operation is suitable to the upper or lower lid.

No anæsthetic but cocaine, applied locally, is required.

There is no deformity.

It does not meet the graver forms of entropion, although during the past two years I have employed grafting in cases where formerly I did the Hotz operation, and especially in trichiasis, where I formerly destroyed the cilia.

If the lids are granular, treatment can be continued after the third day of the operation.

The thorough cleansing, depletion and rest all favor cure.

To have clean and warm instruments they are kept in a warm, saturated solution of boric acid during the operation when not in use.

Joint Session of Eastern Kansas and Golden Belt Medical Societies.

The societies met in A. O. U. W. Hall, Topeka, Kansas, January 4, 1894, at 4 P. M.

President A. B. McCandless, of Holton, in the chair.

The meeting was called to order by Dr. J. B. Felty, of Abilene, president of the Golden Belt Medical Society. In the absence of the secretary, Dr. DeWees was chosen secretary *pro tem.*

Minutes of last meeting read and approved.

After the reading of the minutes and their adoption, President McCandless called the Eastern Kansas to order and the minutes of last meeting read and adopted.

A joint committee, consisting of Drs. Minney, Ketchersid, Felty, Sheldon and McClintock, were appointed to draft resolutions on the death of Dr. L. J. Warren, of Clay Center, to report at the evening session.

The following were appointed board of censors: Drs. Pickard, Schenck, McNary, Zane and DeWees.

Adjourned until 7:30 P. M.

EVENING SESSION.

Members present: Dr. W. S. Pickard, Burlingame; Dr. L. Reynolds, Horton; Dr. L. H. Murphy, Minneapolis; Dr. A. B. Mc Candless, Holton; Dr. W. B. DeWees, Salina; Dr. H. H. Sutherland, Harington; Dr. J. N. Ketchersid, Hope; Dr. B. J. Wetherby, Hutchinson; Drs. B. E. Fryer, J. F. Binnie, A. H. Cordier, Geo. Halley and J. Block, Kansas City, Mo.; Dr. Jos. Haigh, Wetmore; Dr. T. M. Zane, Osage City; Dr. J. W. Felty, Abilene; Dr. O. C. McNary, Soldiers' Home, Leavenworth; Dr. W. S. Bunn, Lawrence. From Topeka: Drs. Eastman, Munn, Schenck, Magee, Minney, McCrea, Cannon, Miner, W. E. McVey, R. E. McVey, Lewis, Alexander, J. C. McClintock, C. S. McClintock, Storrs, Ward, O'Brien, Lindsay, Gilbert, Wehe, Wallace, Alkire, Eggleston, Davis, Mitchell and Sheldon.

"Chronic Tubercular Peritonitis," by Dr. H. Sutherland, Harington.

DISCUSSION.

Dr. Cordier.—"When a careful diagnosis is made, an early operation in these cases give good results."

Dr. Binnie recited a case in which in an operation for inguinal hernia was much surprised to find the sac covering the hernia studded with miliary tubercles. No unfortunate sequellæ followed the operation. The experiments with guinea pigs show that systemic disturbances can be produced (tubercular peritonitis) by inoculation.

Dr. Haigh, in response to a request from Dr. Minney, gave his results in the treatment of tubercular peritonitis with electricity. The doctor reported a number of cases in which there were cavities caseous degeneration, in which, after the use of creasote and the topical applications of iodine with the galvano current alternating the poles, the pulmonic symptoms subsided and the patients increased in weight and seemed well again.

Dr. Schenck.—"Tubercular disease means lowered vitality—starved condition of the cells—the central cells—and hence we have cheesy degeneration."

Dr. Block.—"Most of our knowledge, as far as therapeutics is concerned, is empirical. Results obtained in tuberculosis merely an accident. I have seen cases where opening and flushing abdomen resulted in a cure of the peritonitis. By diminishing the number we put the condition in such a shape as to resist invasion of tubercle bacilli. Diagnosis is not easily made till the abdomen is opened. We don't know whether the opening of abdomen, etc., causes a degeneration or obliteration of the tubercle or whether by some other process a cure results."

Dr. Sutherland.—"I admitted difficulty in making diagnosis. I said treat on the same plan as tubercle in any other part of the body. The profession is not a unit on opening abdomen for advanced tubercular peritonitis."

"Intra-Pelvic Diseases," by Dr. DeWees.

He said patient should be examined in each of the following positions: Erect, dorsal, semi-prone, knee-chest, with finger in vagina

and rectum. Fingers should be introduced with palm to sacrum.

DISCUSSION.

Dr. Halley.—"The doctor has put less stress upon rectal examination than is necessary. In ninety per cent. of cases coming for examination for pelvic diseases a better examination can be made per rectum, and particularly so if by bimanual method. I don't believe it necessary to examine in the four positions."

Dr. Cordier.—"I never use any other position than dorsal, and I believe with properly-educated fingers it is sufficient. The extent of adhesions is not so important as the cause that produced them. Symptoms are not reliable and are very deceptive. Very little force should be applied to the finger in vaginal examination."

Dr. DeWees.—"No position will give you as accurate information of the real cause of trouble as the erect position. Generally the trouble is felt when patients are standing. There are certainly cases where a vaginal examination is necessary even in young girls."

"Some Practical Observations on Urethral Stricture," by Dr. Block.

DISCUSSION.

Dr. Halley.—"Unless we understand the pathological conditions produced by these diseased micro-organisms, we must fail in our treatment. Many cases are treated for stricture when there is simply an exudation in the mucous membrane, a tenderness and spasm of the urethra."

Dr. Binnie.—"I am surprised at the universal use of internal urethrotomy when the same results may be obtained by gradual dilation."

Dr. Reynolds.—"I have never found it necessary to use other than the slow method of dilation, though it does not always stop all urethral discharges."

Dr. Block.—"The resilient strictures cannot be cured by the gradual method. I consider the external operation the safer for lesions in deeper portion of urethra. The danger in the internal operation is very much reduced by retaining a catheter for twenty-four or thirty-six hours. A chill follows removal of the catheter, showing it is from septic absorption and not from nervous shock. Would suggest a permanent opening (supra-pubic) for drainage."

"Some Points in the Pathology of Carcinoma," by J. L. Gilbert, M.D. (See JOURNAL of January 20th.)

DISCUSSION.

Dr. Binnie.—"I think we are almost in reach of being able to cultivate the coccidæ carcinoma artificially. Other coccidæ have recently been cultivated. There have been many attempts to inoculate carcinoma from one species of animals to another. Perhaps the animals have not been properly prepared or not properly selected. Pathological conditions resembling carcinoma have been developed in the vagina of rats by constant irritation, but only after inoculation from human carcinoma were the coccidæ produced."

In joint session of the Golden Belt and Eastern Kansas Medical Societies on the death of Dr. L. J. Warren.

IN MEMORIAM.

Dr. Lewis J. Warren, a member of this society, died at his home in Clay Center, Kansas, December 4, 1893.

The doctor was a typical medical gentleman, both learned and skilled in his profession. He was president of the board of education of his town at the time of his death and had been for a number of years. He was a graduate of Yale and Harvard. He was also president of the Baptist State Association. He was a humanitarian in the widest sense. He was a kind husband and an exemplary citizen.

In view of the above facts, we feel that this society, his town and the state at large have sustained a great loss.

To his bereaved wife and family we extend our sympathies, and assure them that although he is dead, yet the influence of his pure, unsullied, busy, philanthropic life stands out plainly before us, stimulating us to greater activity and usefulness in this

life; and his implicit faith in a happy future grounding us all more firmly in the belief of a life bepond the grave.

DR. J. E. MINNEY,
DR. J. W. FELTY,
DR. J. N. KETCHERSID,
DR. J. C. MCCLINTOCK,
DR. S. E. SHELDON,
Committee.

The board of censors reported favorably on the application of Dr. B. J. Wetherby, of Hutchinson, as a member of the Eastern Kansas.

On motion of Dr. Reynolds, the society adjourned to meet in Topeka the second Thursday of April, 1894.

Respectfully,
R. S. MAGEE, M.D.,
Secretary Eastern Kansas.

Hydro-Electric Bath.

The conclusions of Drs. Labat and Gautier, after treating a large number of patients by the bath, are as follows:

"1. The alternated current generalized upon the entire surface of the body through the intermediary of water is a powerful excitant of nutrition.

"2. Its use is indicated in all affections arising from defective nutrition, *i. e.*, eczema, subacute or chronic rheumatism, sciatica, gout, the various forms of arthritism, obesity, chloranæmia, lymphatism and rachitism.

"3. It also acts favorably in cases of muscular atrophy, even when generalized, and in infantile paralysis."

Post-Partum Hemorrhage.

To arrest hemorrhage, pass right hand boldly up to placental site, readily discovered by sense of feeling; make a few sweeps with back of hand over bleeding sinuses, at the same time inducing counter-pressure with left hand. Hold parts with double grasp until right hand is expelled by powerful uterine contraction.—T. SHAW in *Medical Age.*

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Topeka, Kansas, Saturday, February 3, 1894.

The Disposal of Sewerage in Public School Buildings.

An editorial in a recent number of the JOURNAL, on the condition of the closets in connection with some of our school buildings, seems to have awakened a little interest in the matter. While the subject under discussion at that time had particular reference to the schools of Topeka, the same might apply to schools in general.

It is most unfortunately true that in the smaller cities and in the country, where there is neither water-works nor sewers, little attention is given to the condition of closets in connection with public buildings. Many of these closets are open to the public, and are used by all classes. Perhaps in some cases there are private stalls for officials or employes of such buildings, which are kept under lock and key, but there is usually in close proximity a public apart-

ment. There can be no question that a vault or closet, in which is retained the dejecta of a number of individuals for any length of time, may become a source of infection not only to those frequenting the place, but often the neighboring wells become poluted. Of how much greater danger, then, is such a vault which is used by hundreds of children? We have known such vaults, in connection with a public school building, at which there were in daily attendance more that 300 children, to be used for a number of years without once being cleaned during that time. Can we say it was a surprising coincidence that there were frequent epidemics of diphtheria and scarlet fever there during the school term?

We are growing very industrious in our quarantine regulations and methods for controlling the spread of disease from infected individuals, but we are certainly lax in such sanitary measures as might prevent its beginning.

It is not impossible nor at all unlikely that children, affected with mild forms of scarlatina and diphtheria, may attend school without the fact becoming known.

There are also, we know, cases of walking typhoid fever, and it is not unlikely that these cases may occasionally be found in the school room. The excreta from these mild cases are none the less toxic. A single case of diphtheria or scarlatina may infect the common vault with the disease germ. The contents of the vault furnishes abundant soil for the growth of bacilli, and the vault may become so thoroughly infected that only the most active germicide will render it safe. Simply removing the contents is not sufficient. They should be carefully cleansed with disinfectants and the buildings attached thoroughly fumigated. This should be frequently done. It does not answer the purpose to clean these vaults only when they become overloaded. They should be cleaned at frequent intervals. Where water service and sewer accommodations can be had there can be no excuse for any negligence in this matter. The State Boards of Health have the power to close the schools if they deem it necessary for the prevention of an epidemic. It seems to us they have also the power to demand of the school boards these means of prevention which embody only the minor principles of sanitation. We sometimes wonder if it has ever occurred to those most interested in the public welfare that the prevailing epidemics were nearly altogether among school children, and that they usually occur during the school term. This in itself is of sufficient significance to provoke an investigation.

The mere congregating together of a large number of children is not of itself a sufficient reason. Frequently the community has been entirely free from infectious diseases, and it is then not likely that there is direct infection. There must be a latent element, and this we choose to locate in the filthy vault, the natural biological laboratory for the culture of disease germs.

In the state of Pennsylvania there is a law providing for the proper sanitation of school buildings, and demanding such careful supervision of all out-buildings and closets as will eliminate all chances of infection.

We give the act in full:

"SECTION 1. Be it enacted by the Senate and House of Representatives of the Commonwealth of Pennsylvania in general assembly met, and it is hereby enacted by the authority of the same: That boards of school directors and controllers shall provide suitable and convenient water closets for each of the schools under their official jurisdiction, not less than two for each school or school building where both sexes are in attendance, in their respective school districts, with separate means of access for each; and, unless placed at a remote distance one from the other, the approaches or walks thereto shall be separated by a substantial close fence not less than seven feet in height; and it shall be the duty of the directors or controllers to make provision for keeping the water closets in a clean, comfortable and healthful condition.

"SEC. 2. Any failure on the part of school directors or controllers to comply with the provisions of this act shall make them liable to be removed from office by the court of quarter sessions of the county in which the

schools are located, upon complaint made to the court under oath or affirmation of not less than five taxable citizens, resident in the school district in which the school is located."

Dr. George N. Lowe, of Randal, Kansas, as well as a number of other physicians, have written us commendatory letters respecting our editorials in the Journal on medical legislation. Dr. Lowe is very enthusiastic, and if room permitted we would publish the letter in full. The doctor calls particular attention to counter prescribing by the druggists, the evil which may result to the patient and the injustice to the physician. Also in obstetrical and surgical work, the danger and serious results following in the wake of the empyric, and all because we have no law to protect the people and physicians. If the physicians of the state were all like Dr. Lowe, Kansas would soon have a just and equitable law governing the practice of medicine.

Prof. E. S. McKee, of Cincinnati, says: "The statistics of abortion, if reliable, give much information. The following figures probably come near the truth: 18.6 per cent. of the whole number are habitual. Uterine diseases account for 50 per cent.; reflex causes, 21.528 per cent.; syphilis affecting the fœtus, retroflexion, salpingitis and rheumatism, each 7.143 per cent. Treatment is followed by cure in 78.477 per cent., the patients subsequently bearing healthy children, while sterility results in 21.528 per cent., of which 14.286 per cent. have incurable uterine affections or are past childbearing, 7.242 per cent. remain healthy, but sterile. Ninety per cent. of child-bearing women abort once or oftener, and about one pregnancy in ten terminates abortively. During the years from 1867 to 1875 inclusive, New York City reports 197 deaths resulting from abortion, a number probably far short of the truth. During seven years the Rotunda Hospital, Dublin, only had one death from abortion."

Medicine vs. Surgery.

The glory of great surgical achievements has so overshadowed the minor advances in medical knowledge that apparently outside of this one field we are at a standstill. The greatest opportunities for investigation and discovery are passed over for the sake of bringing before the eyes of the medical profession some new surgical wonder.

Few remarkable strides are being made in pathology. New drugs are constantly being introduced, but we are making little advance in the physiological action of drugs. There is a vast field for investigation in the line of therapeutics, pathology and chemistry. Every step forward in pathology, every newly-demonstrated fact in the therapeutics of drugs, and every discovery of chemical change in the tissues of the body during certain diseased conditions, displays a more comprehensive knowledge and is more deserving of praise than the greatest accomplishments of surgery.

The greatest achievements of surgery have depended, first, upon the better understanding of pathological conditions and a better knowledge of therapeutic antagonists to disease germs. There is much yet to be learned in the chemical relations of ptomaines. It is possible that when the chemical changes taking place in pathological conditions are perfectly understood, a complete revolution of our treatment of what are now considered incurable diseases may be inaugurated. The discovery of the tubercle bacillus was indeed a great victory, but of how much greater importance will be the successful demonstration of a cure. Advance in medicine depends now upon individual labor and investigation.

Text-books on every subject are apparently complete; at least there seems little tendency toward improvement upon older authors except in arrangement and wording. Except for the germ theory of disease, one can see but slight improvement during the past twenty years in works upon diseases of the chest. Authors blindly follow the teaching of older authors without investigation or

careful thought. For instance, one author after another has described the third stage of pneumonia as always "gray hepatization"; and who, after carefully comparing the conditions involved in a process of resolution, would say they had any resemblance to those changes which characterize the conditions described as gray hepatization?

Other instances may be mentioned in other departments of medicine. General practitioners decry specialism because it narrows the mind, but all must acknowledge the field is too broad for complete comprehension of the whole. He who has an inclination to investigate must do so along a narrow line.

Valuable discoveries in medicine are not accidental; they are the result of long and careful research. An accurate knowledge of physiology and chemistry is as essential to the proper understanding of pathological and physiological processes as a knowledge of anatomy is essential to good surgery.

We believe we are not far wrong when we say that it is our general lack of knowledge of these subjects that hinders us in our progress.

Fees of Physicians.

A Paris court held that the fees demanded by physicians, not only the pecuniary condition of the patient is to be considered, but also the reputation which the physician may have acquired by his works and discoveries. The medical standing of the physician and the financial condition of the patient are two important factors in doctor bills in the eyes of the law.

A DISLOCATED liver is reported by Buckholz. He reduced the dislocation by gentle pressure, and held it in place with an elastic bandage. Some weeks after the liver was in its normal position.

PURE pepsin does not curd milk.

Bronchitis.

Repeated attacks of acute bronchitis are of serious moment, not only on account of the conditions produced in the mucous membrane of the bronchi, but also on account of the inter-pleural alterations.

Nearly every attack of acute bronchitis is accompanied by more or less inflammation and fibrinous exudation on the pleural surfaces, especially the pulmonary pleura. This exudated fibrin becomes organized and a thickening of the pleura results. Adhesions may also occur as a consequence of this deposit of new tissue, contraction finally takes place, and as a result of contraction over certain areas of the lung the circulation over that area is very much interfered with.

The nutrient vessels are derived from the bronchial arteries, and these nutrient capilaries empty into venous radicles of the pulmonary veins, so that any compression of a section of the lung by contraction of its pleural covering not only lessens its nutritive powers, but lessens its aereating capacity also. A constant augmenting of the amount of fibrinous formations or an increase of the area of contraction by frequent attacks of bronchitis may very seriously cripple the function of the organ, and renders it more susceptible to tubercular invasion. After attacks of bronchitis it is very common to find on the surface of the chest sore points which remain very persistently and often become aggravated by slight attacks of cold. These are without doubt the sites of adhesive formations within the pleura. In many cases of bronchitis or of phthisis on auscultation we find a marked subcrepitant rale, the same kind of rale that we recognize as the *rale redux* of pneumonia and which we once supposed to be produced by the current of air in the smaller bronchial tubes, but which we now know to be caused by the friction of the roughened pleural surfaces which we always have in inflammatory conditions of the lung whether in pneumonia or bronchitis. The presence of subcrepitant rales should always suggest to us the existence of inter-pleural changes.

In cases of acute bronchitis, when pain persists, especially on coughing, after the other symptoms begin to subside, we should direct our attention to the condition of the pleural surfaces. In the formative stage of these bands the administration of calomel or the iodide of potassium will often give good results. If there be general lack of nutrition, a teaspoonful of the syrup of the iodide of iron three or four times a day may be recommended. After the pleura has become thickened and adhesive bands of old standing exist, we find nothing more serviceable than the muriate of ammonia in doses of from ten to twenty grains.

This is very nicely administered in syrup of wild cherry.

Friction, massage and expansive chest movements are also of much importance in restoring the lung capacity.

A Sure Sign for the Diagnosis of Small Effusions in the Peritoneal Cavity.

Dr. Salvador Garciadiego, of Guadalajara, Mexico, in the *New York Medical Record*, January 27, 1894, says:

"The reading of an article which appeared in the *Journal de Medicine et Chirurgie* of Paris, France, in which the early practice of the operation of laparotomy is recommended in the treatment of intestinal invagination and internal strangulated hernia, adducing as a sure sign of their existence the detention, by means of percussion of the lateral dependent walls of the abdomen, of a small sero-sanguineous effusion which generally accompanies the beginning of said lesions, suggested to me the idea of publishing a much surer and accurate way of detecting the presence of the fluid, which is at the same time applicable even in those cases in which the existence of extreme tympanitis would render percussion useless as a diagnostic measure.

"I attribute some practical importance to the publication of this method, because in the article quoted early surgical interference is advocated as justified on the existence of the said effusion and its clinical detection; and if this symptom really is of such an important diagnostic value, it is very important the surgeons should have at their disposal various and sure means of discovering it with complete certainty.

"The method I employ, and which can be appreciated by any practitioner who may wish to use it, is as follows: Placing the patient on his back on an inclined plane of 45°, the index-finger, well greased, is introduced into the rectum in order to examine the posterior peritoneal fold in men; in women, the posterior vaginal cul-de-sac is examined.

"If any effusion exists in the peritoneal cavity, no matter how small it may be, gravity will cause the liquid to descend to the most dependent parts, and in consequence of the position in which the patient is placed, it will gravitate toward the posterior part of the pelvic portion of the peritoneum. The exploring finger will clearly discover fluctuation, and to make sure that it is produced by a peritoneal effusion it will suffice to change the patient's position, while the surgeon's finger continues in contact with the postero-superior part of the rectum, and the liquid will be observed to change to the side on which the patient lies in his new position, and fluctuation immediately disappears, because the fluid which produced it had changed place and it cannot any longer be recognized by the exploring finger. If the patient is again placed in the former position, the fluctuation is at once felt by the examiner's finger, a circumstance which permits the surgeon to make sure, in the most positive and satisfactory way, of the existence of an effusion.

"Practice has shown me the value, certainly, and importance of this diagnostic sign, and this is the reason why I believe it my duty to publish it, so that it can be employed by other practitioners who can judge of its merits.

"In cases in which pain or any great susceptibility in the part of a patient renders the rectal or vaginal examination difficult, an anæsthetic can be used."

Rectal Feeding in Phthisis.

Whenever the patient refuses to take food by the stomach on account of spasm of the œsophagus or pharynx, or on account of its being rejected immediately after eating, Dr. Bernheim employs rectal injection often with brilliant results. He proceeds as follows:

Empty the rectum by an injection of lukewarm water, then inject one of the following formulas, which may be used one after the other:

℞

Milk.....gms. 300 (℥x)
Yolks of eggs.....2
Old rum.....gms. 15 (℥iv)

℞

Concentrated bouil..gms. 300 (℥x)
Pulp of cooked meat..gms. 50 (℥jss)
Malaga wine.....gms. 20 (℥v)

℞

Broth of beef.....gms. 300 (℥x)
Powdered meat.....gms. 40 (℥jss)
Yolk of an egg.

℞

Concentrated bouil..gms. 380 (℥xij)
Peptone.....gms. 50 (℥jss)
Old cognac.....gms. 15 (℥iv)

These injections should be repeated every three hours and with an ordinary tin syringe, and not with a bulb or fountain syringe; for with these latter the quantity is measured with difficulty. They form sufficient nourishment for the twenty-four hours, permit one to gain time and prevent emaciation, and, generally, they are well supported. Whenever they should cause diarrhœa or provoke pain they may be suspended for a few days and then renewed. After a little while one may begin by prescribing such foods as jellies, cold buillon, iced milk, etc., and thus lead to exclusive feeding by the mouth.—*Col. and Clin. Record.*

PATIENT—"Do you give gas?"

Dentist—"No; you have to pay for it; this is no barber shop."—*Brooklyn Life.*

The Anti-Toxic Function of the Liver.

The Paris correspondent of the London *Lancet* writes that those acquainted with the views propounded by Professor Bouchard will be conversant with his ideas concerning the poison-destroying properties of the liver. He and his followers attach great importance to the power of the liver-cells to nullify the effects of the toxines manufactured in the intestines. The correctness of this has been corroborated by the experiments of Schiff, Heger, Roger, and others, who found that alkaloids injected into the branches of the portal vein were much less toxic than when they were introduced into the general venous circulation. M. Pavlow has confirmed these results by a series of experiments, of which I give a *resume*. If, by means of a ligature placed on the portal vein, the blood is compelled to deviate from the liver and pass directly into the general circulation, poisonous symptoms appear, consisting of fever and nephritis, with albuminuria. That this nephritis is not due to hypertension of the blood in the renal vessels is proved by the fact that no such kidney trouble is caused by ligature of the inferior vena cava, although this manœuvre is productive of a greater tension in the renal vessels than the operation in question. A wound artificially produced in an animal whose portal vein has been tied heals very slowly; whereas a similar wound in an animal where the inferior vena cava has been ligatured cicatrizes without difficulty. The conclusion that, when the blood is prevented from passing through the liver toxæmia occurs, which is solely due to the fact that the liver no longer plays a protective role against toxines, which are being continually fabricated in the intestinal canal.—*Med. Record.*

THERE are said to be fifty thousand muscles in an elephant's trunk. It must have been packed by a woman.—*Tennessee Twinklings.*

A New Radical Operation for Umbilical Hernia.

BY DR. R. GERSUNY, VIENNA.

The author describes the following procedure: After an incision around the umbilicus (which is usually intimately united with the hernial sac) the sac is seperated by blunt means from the fatty tissue and then split. The protruding omentum is ligated, cut away, and the stumps together with any protruding coils of intestine returned to the abdominal cavity. The entire sac is then excised and the peritoneum sutured at the level of the hernial opening, after which the opening is closed by sutures. If the sutures in the peritoneum tear through, the latter together with the hernial aperture should be included in a line of sutures. The sheath of the rectus muscles is then sought for, which is most readily accomplished if the incision is prolonged in a downward direction, parallel with the linea alba, and exposing the recti muscles. Starting from there the sheath of both recti is divided at the median margin of the muscles in an upward direction, and to a point above the level of the umbilicus. The separation of recti from the umbilicus on each side amounts sometimes to as much as a hand's breadth, and to permit of union in the median line the muscles must, therefore, be first rendered sufficiently movable by dissecting off the two inscriptiones tendinea lying in close proximity to each other from the sheath. This stage of the operation always involves the ligation of several arteries. After the muscles have been drawn without marked tension to the median line, their median margins are sutured. Care should be taken to carry the satures through the inscriptiones tendinea, since greater firmness can thus be secured than by exclusive suture of the muscular tissue. The wound remaining in the skin and fatty tissue is of considerable extent, owing to the great length of the cutaneous incision, and to the fact that the fatty layer has to be separated from the fascia over a wide area. Inasmuch as a large wound in fatty tissue is not calculated to heal by first intention, Gersuny in his last series of cases preferred to insert the sutures at once, but not to tie them firmly until the end of a few days, the wound in the meantime being packed with gauze, over which the sutures were tied in a bow-knot. The abdomen should be firmly compressed with a roller bandage to prevent the tearing of the muscular sutures during coughing or vomiting. —*Wien. Med. Presse*, No. 48, 1893.

Chilblains.

Surgeon's plaster is a simple and reliable remedy; it is especially serviceable when the feet are attacked, and is easily applied to the big toe and heel. A salicylated plaster is of great value, as it helps any decorticated spots to heal. The plaster is applied and allowed to remain on for three days, when the trouble will be found cured. After this it will possibly have to be renewed on account of soiling easily. It may be used on the hands of cooks and those who work in water.—*Northwestern Lancet.*

Wintergreen Oil for Alopecia.

Dr. Hallopeau reports great success with this remedy combined with three parts of ether. "For experimental purposes it was applied only to one side of the head, essence of canella being used for the other side." After five months of treatment the difference between the two sides was very marked, that to which the oleum gaultheriæ was applied being almost healthy, while the other exhibited only downy hairs. The remedy provoked neither pain nor redness of the skin, in favorable contrast to most parasiticides, whichare powerful irritants. —*British Journal of Dermatology.*

Peritonitis.

Instead of opening the abdomen in tubercular peritonitis and exposing the peritoneum to the atmosphere, air is introduced into the cavity by means of an insufflating apparatus, which first sterilizes the air. In three cases the desired result of preventing recurrence of ascites was obtained. The method is regarded as safe and the results favorable.—NOLEN, *Berliner Klin. Woch.*

THE spring meeting of the Medical Society of the Missouri Valley will be held in Omaha, Neb., March 15th (Thursday) and continue in session one day. Members contributing papers must send titles to the secretary prior to February 20th, so they can appear on printed program, mailed March 1st. Applications for membership can be sent to J. F. White, M.D., Council Bluffs, Iowa, with a fee of two dollars enclosed. A full meeting is expected; a profitable session desired.

F. S. THOMAS, M.D.,
Secretary.

Salipyrin in Rheumatism.

The value of salipyrin for the treatment of rheumatic affections was early pointed out by Dr. Guttmann, who found that it was capable of beneficially influencing rheumatic processes, acute and chronic articular rheumatism, as well as rheumatic sciaticas.

The treatise of Dr. Hennig, already referred to, is mainly concerned with the action of salipyrin on rheumatic affections. In a few cases of acute arthritis the use of 15 to 20 grains of the remedy was followed by a slight fall of temperature, amounting to some tenths of a degree; with 1½ drams of the compound the reduction was, on an average, 1° to 2° C. In one case, where 2 drams were taken within 1¾ hours, the fall of temperature was 2° to 3° C. Frequently in slighter and moderately severe cases, but sometimes also in very severe attacks, the temperature was permanently reduced after 45 to 75 grains of salipyrin had been taken.

Simultaneously with this antithermic effect the diseased joints were also beneficially influenced. The tense and painful feeling diminished, active movement became possible again, and passive movement less agonizing. Further, with the reduction of the evidences of inflammation the local swelling diminished, and the general well-being of the patient improved. This was especially the case when a more or less copious outbreak of perspiration followed the dose.

Sometimes all symptoms disappeared after a few grams of salipyrin, but in other cases it was necessary to persist for several consecutive days with the treatment. As soon, however, as the symptoms manifested any recession the dosage was reduced. The longest time necessary to entirely remove all acute symptoms was three days, after which the medication was continued for a week or two with gradually diminishing doses.

The author calls attention to the necessity of removing patients from the environment which has produced and favors the continuance of the attack, and adds that under such conditions results are attainable which otherwise seem beyond hope.

In contrast to the opinion advanced by some therapeutists, Dr. Hennig believes that in a not inconsiderable number of cases of chronic rheumatism of the joints the salicylates, and at their head salipyrin, can do great service. Larger doses are requisite than in the acute form of rheumatism, but in a few days the process generally began to show signs of improvement, when the daily quantity could be gradually reduced. It was necessary, however, to continue the use of salipyrin in small doses (8 to 15 grains daily) for weeks and months in order to prevent relapse.

Among the cases recorded by the author are two of gout, in which also very encouraging results were obtained by administration of salipyrin, such as had previously followed

the use of electric baths only. The frequently unbearable pain soon diminished, and entirely disappeared after a few days.

Dr. Moncorvo, whose opinion of salipyrin in the febrile affections of children has been already quoted, gave it also in articular rheumatism, and found that fever was reduced and the joint pains alleviated. Dr. Witting prescribed the remedy in three cases of rheumatism of the joints, with the result that better effects were obtained than with either salicylate of soda or salol.

The anti-rheumatic virtues of the substance were emphasized by Dr. Trachtenberg, from an experience of eleven cases in which neither antipyrin nor salicylic acid proved beneficial; the combination, however, did good service in all the cases.

I DESIRE to add my testimony to the efficacy of Cactina Pillets in heart disease of various forms. I have under treatment a case of essential paroxysmal tachycardia, result of excessive tobacco chewing, in which the only remedy that gives relief is Cactina Pillets. I have used them with signal success in the various forms of functional and organic disease.

JOHN A. ROBISON, A.M., M.D.,
Chicago, Illinois.

ONE of the attending physicians at the World's Fair (Chicago) Hospital, who has a large private practice, reports to us that he uses Chloralamid largely in sedative doses (3 to 5 grains) for nervously exhausted patients, and he claims that it is the most remarkable efficacious remedy he ever used for giving magical relief in sick (nervous) headaches, physical exhaustion and kindred conditions brought about by excitement, optical strain, heat and unusual exercise.

CHLORIDE of sodium keeps the fibrin and albumen in solution in the blood, assisted by the ammonia salts.

An Antiseptic, Analgesic and Calmative Admixture.

H. B. Pettingill, M.D., Mystic Flats, 39th and Broadway, New York City, in an article on "Intestinal Antisepsis" in *New Phar. Prod.*, gives some excellent experience from which the following is selected:

"Dr. Van Valgah in a paper on the "Causation and Treatment of Chronic Diarrhœa," in the New York *Medical Record*, says: 'Having secured as nearly as we can a clean and sweet state of the digestive tube, our next object is to get perfect digestion of the food taken. This is an aim second to no other in importance. Undigested food in the wrong part of the intestine is an irritant. Rapid absorption is the chief barrier against superdigestion, fermentation and putrefaction, and perfect digestion is the essential preliminary to the easy and healthy performance of the function of the mucous membrane.' Now with this condition of affairs and the administration of proper remedies, we can expect to destroy the pathogenic bacteria and the resulting toxines can be rendered innocuous. The tyrotoxicons of Vaughan belonging to the toxalbumen type are readily destroyed by the decomposition of salol in the intestinal tract. Salol is a salicylate of phenol, and, as said before, is not acted upon until it passes through the stomach, and when the phenol is set free in the intestine it has its maximum antiseptic power. Now, in addition to this, we have the calmative and analgesic effect of the antikamnia, which effect is so often necessary, and where in many cases opium is contra-indicated.

Every physician knows full well the advantages to be derived from the use of antikamnia in very many diseases, but a number of them are still lacking a knowledge of the fact that antikamnia in combination with various remedies has a peculiarly happy effect; particularly is this the case when combined with salol. Salol is a most valuable remedy in many affections; and its usefulness seems to be enhanced by combining it with antikamnia. The rheumatoid

conditions, so often seen in various manifestations in this country, are wonderfully relieved by the use of this combination.

The five-grain tablets, containing two and one-half grains each of antikamnia and salol, is recommended highly in the treatment of cases of both acute and chronic cystitis. The pain and burning is relieved to a marked degree. Salol makes the urine acid and clears it up. This remedy is a reliable one in the treatment of summer diarrhœa, entero-colitis, dysentery, etc. In dysentery, where there are bloody, slimy discharges, with tormina and tenesmus, a good dose of sulphate of magnesia, followed by salol and antikamnia, will give results that are gratifying.

In closing his paper, Dr. Pettingill adds: It is also one of the best remedies for the relief of the headache and pains of influenza (la grippe.) The muscular pains which so often accompany this disease, and which seem to be a part and parcel of it, are often relieved at once by a full dose of this combination. Great reliance can be placed in the admixture of these two drugs in those diseases in which the onset is sudden, and which are attended with great pain and hyperæsthesia with intense nervous derangement, particularly when the temperature rises to 102° or 103°. By its antithermic, analgesic and neurotic properties, it fills a want scarcely found in any other remedy."

Strychnine in Lung Disease.

Dr. T. F. Mays (*Wiener Med. Presse*, No. 49, 1893,) calls attention to the value of strychnine in the treatment of pulmonary affections. This drug, besides its general action upon the spinal cord and medulla oblongata, exercises a special influence upon the respiration, it increases and strengthens the respiratory movements, while, on the contrary, in abnormally accelerated breathing it does not act as a stimulent, but in small doses slows respiration. The same action has been remarked with regard to the heart; large doses increase its action and the small doses diminish it. He would bring most affections of the lungs, including tuberculosis, into connection with the disturbance of the pneumogastric. He employs it in asthma, chronic bronchitis, emphysema, croupous pheumonia and phthisis, administering it both internally and subcutaneously. He begins with subcutaneous injections of about one-thirtieth of a grain once a day, and gradually increases the dose until intolerance sets in. The cough and expectoration are reduced, dyspnœa and nervous restlessness improve. Besides, with the long-continued use of strychnine the weight increases in a striking manner. In the pneumonia of drunkards strychnine has a sedative effect upon the delirium, but one must be careful not to confuse the first symptoms of poisoning by this drug — nervous restlessness — with delirium. In the treatment of pulmonary phthisis he regards it as indispensable, in connection with good food and other remedies which increase the resistance of the system.—*Lancet Clinic.*

Dr. E. M. Nelson, of St. Louis, Mo., says: "I have tried your Elixir Three Chlorides, R. & H., and have been so fully satisfied with its action that I prescribe it almost daily in some of the conditions for which such an alterative tonic is indicated."

"Yes, I'm in the lecture business," said the long-haired passenger, "and I'm making money. I've got a scheme that works to a charm. Big houses wherever I go."

"A scheme?"

"Yes. I advertise that my lectures are especially for women under thirty years of age, and for men out of debt. You just ought to see the way the people come trooping in."—*Ph. Era.*